



Request for Letter of Recommendation

Student Making Request: _____

Current Semester: _____ Date of Request: _____

Instructor: _____

Date Needed: _____

Purpose: (check appropriate area)

_____ Scholarship _____ Employment _____ Other: _____

Address Letter To:

Name/Title: _____

Address: _____

Disposition: (check one)

_____ Mail to the above address

_____ Hold for pick up (in black holder on table in Nursing Office)

List the particular attributes you would like to be identified in this letter: i.e. GPA, member of SNAP, previous work or volunteer experience.

Suggested Request Guidelines:

1. When requesting a letter for employment, make the request from an instructor who has supervised your clinical performance.
2. Personllay ask the instructor if they would be willing to write a letter on your behalf.
3. Allow 2-3 weeks turn around.

Please Remember, the faculty does not have summer nursing program responsibilities.